

Health Information Technology Commission
Minutes

Date: Thursday March 17, 2011
1 – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:

Greg Forzley, M.D. – Chair
R. Taylor Scott, D.O.
Olga Dazzo
Robert Paul
Robin Cole
Larry Wagenknecht, R.Ph.
Dennis Swan
Kimberly Ross – Jessup
Tom Lauzon
David Behen

Commissioners Absent:

Joseph Hohner
Toshiki Masaki – Vice Chair
Mark Notman

Staff:

Beth Nagel – MDCH

Guests:

Naz Irami - Deloitte
Cnythia Green Edwards
John Hazewinkel – MSU
Clare Tanner – MPHI
Laura Rappleye – MDCH
Cindy Schnetzler – MOA
Richard Weiner – Weiner & Assoc.
Sharon Leenhouts – Delta
Kimberly Lynch – M-CEITa
Terrisca Des Jardins – SEMBCC
Laura Kolkman – SEMBCC
Rick Warren – Allegiance
Richard Boehm – BCBSM
Paula Johnson – UPHP

Mat Kendall – ONC
Michael Yeshenko - ONC
Mazhar Shaik – M-CEITA
David Durkee
Dan Armijo – M-CEITA
Christine Fend – Covisint
Deb Mosher – CARHIO
Angela Vanker – MPRO
Virginia Gibson – MSMS
Denise Holmes – MSU
John Vismara – My1HIE

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday, March 17, 2011 at the Michigan Department of Community Health with ten Commissioners present including the Chair.

A. Welcome

- New Commissioner, David Behen the State of Michigan's Chief Information Officer was introduced and welcomed.

B. Review and Approval of 2-17-11 meeting minutes

- Minutes of the 2-17-11 meeting were approved and will be posted to the HIT Commission website following this meeting.

C. MiHIN Shared Services Technology

- Rick Warren from the MiHIN Shared Services presented an overview of the technology implementation as it has evolved from the submission of the MiHIN Shared Services Strategic and Operational Plan.
- Commissioners expressed concern over the path of the implementation and questioned the Commission's role in providing input on technology changes in the MiHIN Shared Services. The Commission questioned whether or not the changes being presented were strategic in nature or if it was specific to implementation. The Commission also questioned the roles and responsibilities of the HIT Commission as they relate to the MiHIN Shared Services. Specific to the technology, the Commission wanted to know more about the analysis and how the decision was derived.
- Commissioners requested more information from the MiHIN Shared Services about the presented technology approach. Commissioner Larry Wagenknecht, R.Ph, who represents the HIT Commission on the MiHIN Shared Services agreed to provide more information in advance of the next HIT Commission meeting.
- Commissioners asked if the Strategic and Operational plans need to be resubmitted based on this advancement and Beth Nagel stated that the plans did not need to be resubmitted based on this change. Nagel said that plans must be resubmitted yearly regardless of program changes because the ONC recognized that details are bound to change from the original plan and that ONC has been kept up to date and approves of the technology approach presented by the MiHIN Shared Services.
- Commission Chair Greg Forzley M.D., and Commissioner Larry Wagenknecht R.Ph., volunteered to draft a more defined division of roles and responsibilities between the HIT Commission and the MiHIN Shared Services and plan to discuss at the next HIT Commission meeting.
- The Commission advised the MiHIN Shared Services to continue working toward ONC deadlines in the State HIE Cooperative Agreement by engaging in activities like creating a Request For Proposals (RFP).

D. Office of the National Coordinator for HIT Presentation on the Regional Extension Center Program

- Mat Kendall the Director of the Office of Provider Adoption Support at the ONC presented the Commission with a broad view of the Regional Extension Center program across the nation and focused specifically on the history and current status of the Michigan program called M-CEITA.
- Kendall discussed the March 1 letter he sent to M-CEITA directing all stakeholder input functions to be transferred to the HIT Commission.
- The Commission discussed the process for fulfilling the ONC expectations for stakeholder input. The Commission discussed the need for regular update on the metrics and measures of the M-CEITA program.
- Commission Chair Greg Forzley, M.D., volunteered to work directly with MDCH and M-CEITA to develop a stakeholder engagement plan for discussion at the next HIT Commission meeting.
- The Commission asked Kendall what would happen if the stakeholder input was not adequately addressed by the prime contractor for M-CEITA. Kendall noted that MDCH has a direct communication link to the ONC and should engage the ONC to discuss solutions to any issues that may develop.

E. Southeast Michigan Beacon Community Collaborative – Update and Status

- Terrisca Des Jardins presented an overview of the Southeast Michigan Beacon Community Collaborative (SEMBCC) including history, recent developments and the future next steps.
- Des Jardins walked the Commission through the critical decision-making and contextual issues in a technology “reset” and how the SEMBCC will take its next steps. Des Jardins noted that the SEMBCC will make regular updates to the HIT Commission.
- The Commission asked about the community involvement, especially from employers and Des Jardins provided with the list of those involved.

F. Commissioner Updates

- Commissioner Taylor Scott, D.O., updated that Dr. Mazhar Shaik from M-CEITA presented at the Ingham County Michigan Osteopathic Association meeting and successfully discussed the issues and challenges of Health Information Technology with the members.

G. Public Input

- No public input was offered.

H. Adjourn

- Meeting Adjourned at 3:35pm



Michigan Health Information Technology Commission

March 17, 2011

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions**
- B. Review of 2-17-11 meeting minutes**
- C. MiHIN Shared Services Technology**
- D. Regional Extension Center Presentation from the Office of the National Coordinator for HIT**
- E. Southeast Michigan Beacon Community Collaborative**
- F. Commissioner Updates**
- G. Public Comment**
- H. Adjourn**



MiHIN Shared Services Technology

**Rick Warren,
Larry Wagenknecht**

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Review

- MiHIN Shared Services (SS) – a multi-stakeholder 501(c)(3) collaborative acting as the Michigan State Designated Entity under the Recovery Act program called the “State HIE Cooperative Agreement”
- The MiHIN SS is tasked with implementing the federally approved Strategic & Operational plans with annual updates expected
- The MIHIN SS is funded by a grant agreement with MDCH to carry out the federal program with federal funding



Required to Define Technology

- **Statement of Work between MiHIN Shared Services & MDCH requirement:**

Plan For and Procure Technology:

“Develop a technology and procurement strategy (including sequence and timing of future technology procurement) that uses the MiHIN Shared Services Strategic and Operational Plans as guidelines.”



Need to Refine Technology Approach

- Strategic & Operational Plans laid the foundation, but needed to be revisited:
 - Plans are over 1 year old
 - Technology options have changed
 - Michigan's HIE landscape has expanded
 - Meaningful Use Stage 1 has been defined
 - ONC expectations had been refined



New Information Added Option

- Independent review yields another option
 - A “network of network” approach
 - Conceptually very similar to approach in Strategic & Operational Plans
 - Meets goals of State HIE Cooperative Agreement
 - Estimated cost is less to implement and operate



Process to Define Approach

- Sub-Committee to MiHIN SS Board
 - Understand the characteristics of technology options
 - Compare and contrast
 - Identify implications
 - Develop recommendation for MiHIN SS Board

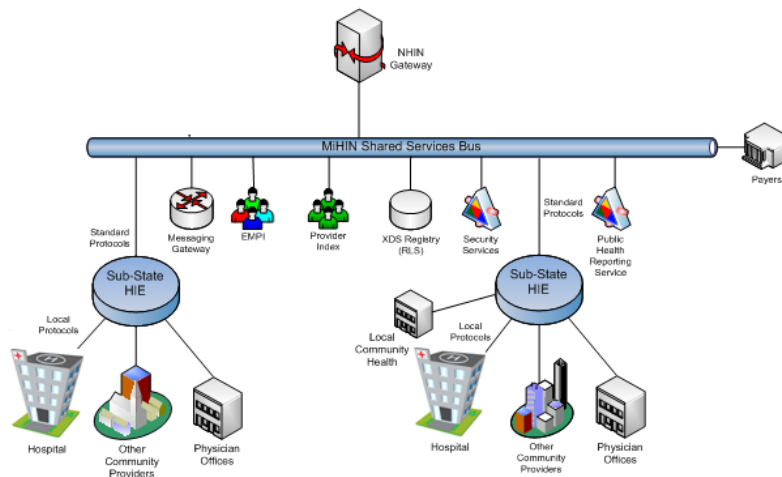


Process to Define Approach

- Review team included representatives from:
 - Sub-state HIEs
 - Michigan payers
 - The State of Michigan – Medicaid, Public Health, Department of Technology, Management and Budget.
 - Subject Matter Experts
- Sub Group looked at four options:
 1. Network of Networks approach
 2. MiHIN Shared Services Bus
 3. Further Study Required
 4. Other



Characteristics of Shared Service Bus

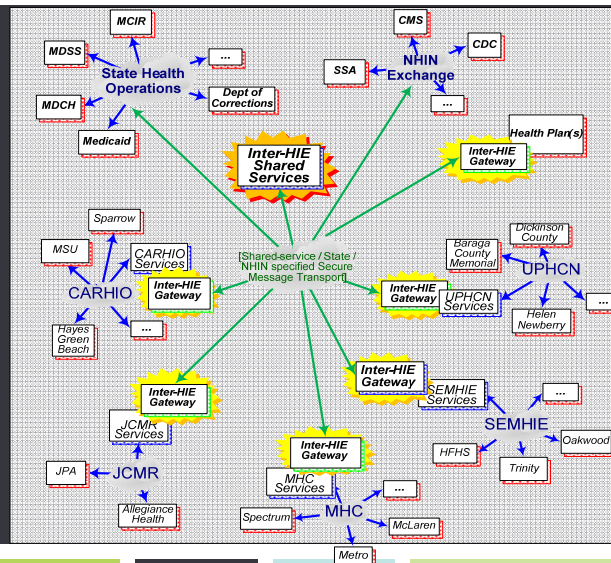


Characteristics of Shared Service Bus

- Centralized Services
- Master Patient Index, Master Provider Index
- Central document (XDS) registry
- More top down control
- Consolidated source of shared data indices



Characteristics of Network of Networks



Characteristics of Network of Networks

- Service Oriented Architecture (SOA) based; open systems
- Centralized Provider Index, Network Index
- Inter-HIE gateway relies on standard, secure messaging
- Flexible, scalable
- Less cost
- Minimal dependence on central service
- Follows NHIN connect model
- Emphasis is on transaction standards
- More HIE autonomy
- Protects current investment



Recommendation to Board

- The Technical Review Team recommends beginning with the Network of Networks approach
- Key Rationale:
 - This approach is incremental
 - Costs less to implement & operate
 - Can evolve into a more centralized System
 - It focuses initial efforts where most needed now: Expanding sub-state HIEs capabilities & pushing key data statewide
 - The Shared Services Bus option will take a longer time to design and implement
 - Network of networks can be implemented quickly and can achieve functionality to build momentum



Key Considerations

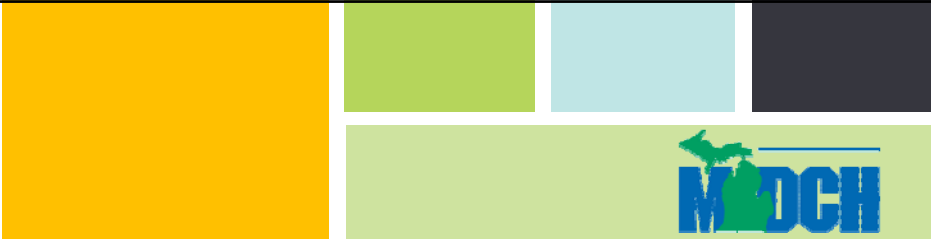
- **Less cost to implement and sustain**
- **Supports statewide “push”**
- **Does not support query:** does not include a centralized Master Patient Index or XDS registry
- **Incremental growth possible:** can evolve to central services bus
- **Shared Service Bus remains long term solution**
- **Supports public health reporting functions**
- **Fulfills ONC expectations**
- **Meets Meaningful Use HIE criteria**



Next Steps

- **Sub Committee drafting RFP**
- **RFP review**
- **Expedited procurement**
- **Selection**
- **Negotiation**
- **Sign by September 30, 2011**
- **Implementation begins**






**Regional Extension Center
Presentation from the ONC**

**Mat Kendall,
Michael Yeshenko**

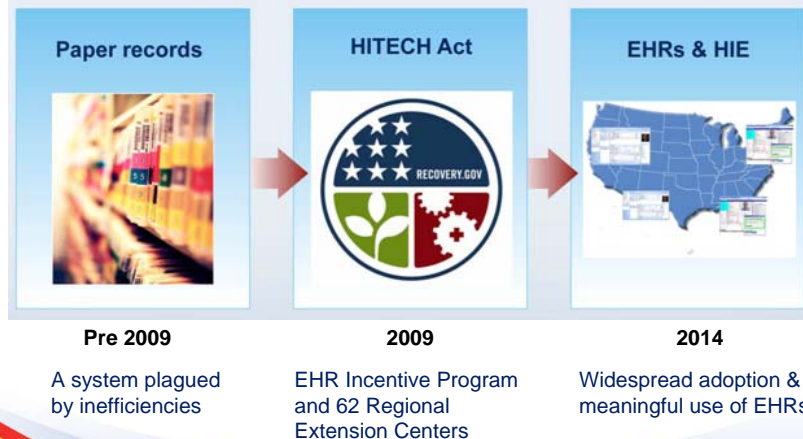
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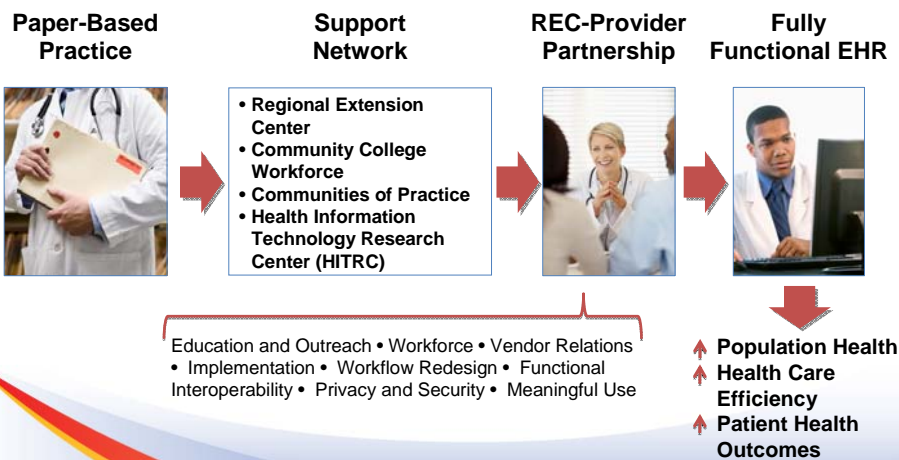
**Regional Extension Centers: Helping
Providers to Achieve Meaning Use of
Electronic Health Record Systems**

Mat Kendall
Director of the Office of Provider Adoption Support
Office of the National Coordinator for Health Information
Technology

HITECH: Catalyst for Transformation

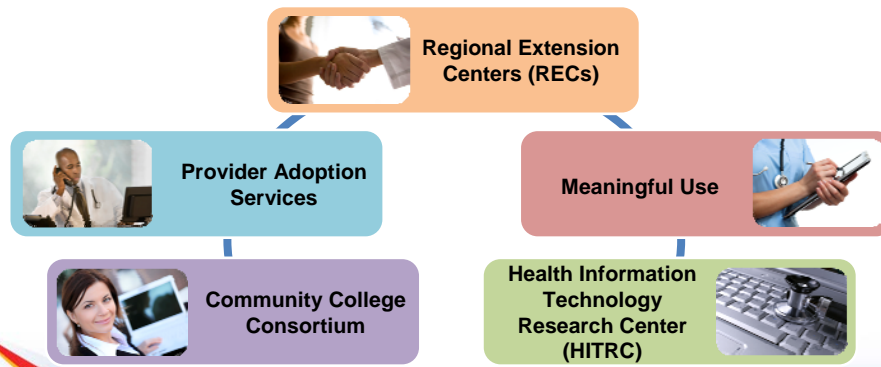


Big Picture Goal...



Office of Provider Adoption Support (OPAS)

Goal: Assist All Providers to Achieve Meaningful Use of EHR Systems



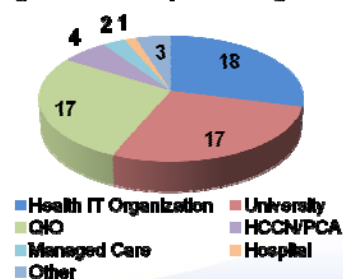
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62 RECs Cover 100% of the USA

Goal: 100,000 priority primary care providers achieve meaningful use (MU) by 2014

- Not-for-profit organizations
- Experts in EHR adoption
- Provide “on-the-ground” technical assistance
- Extensive stakeholder partnerships
- Focused on achieving MU

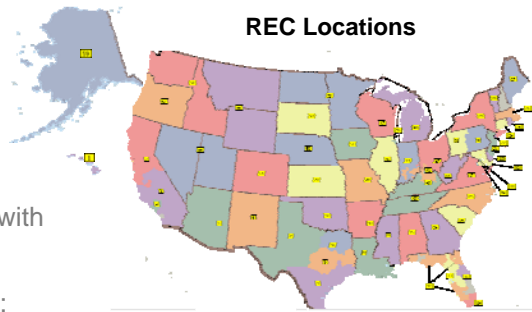
Organizations Sponsoring RECs



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United Purpose, Local Approaches

- Each REC has a:
 - Defined service area
 - Specific number of providers to assist
 - National perspective with local expertise
- Approach differs by REC:
 - Local/regional centers (RECs within an REC)
 - Hospital partnerships
 - Payer partnerships



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REC Focus: Priority Primary Care Providers (PPCP)

While RECs are encouraged to work with all providers, they will initially focus on “Priority Settings”:

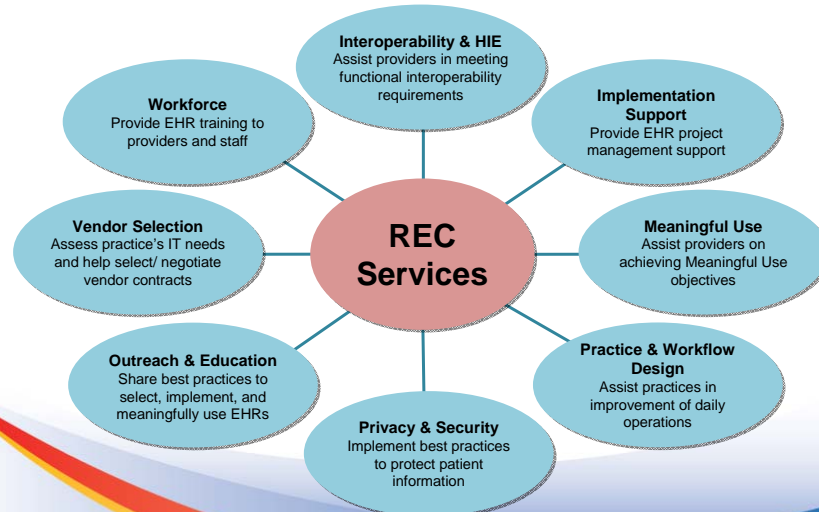
- Individual/small group primary care practices (<10 PCPs)
- Public Hospitals and CAHs
- Community Health Centers and Rural Health Clinics
- Other settings that serve medically underserved populations



Of the nearly 18,000 providers in Michigan nearly 7,000 are PPCP

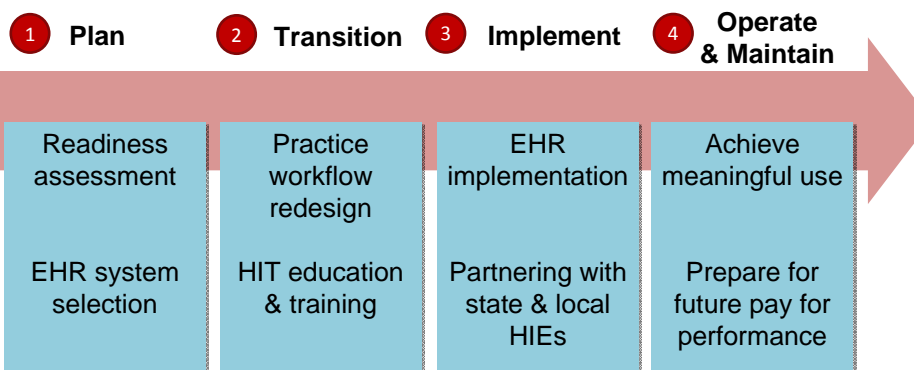
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RECs Cover the Full Range of Services



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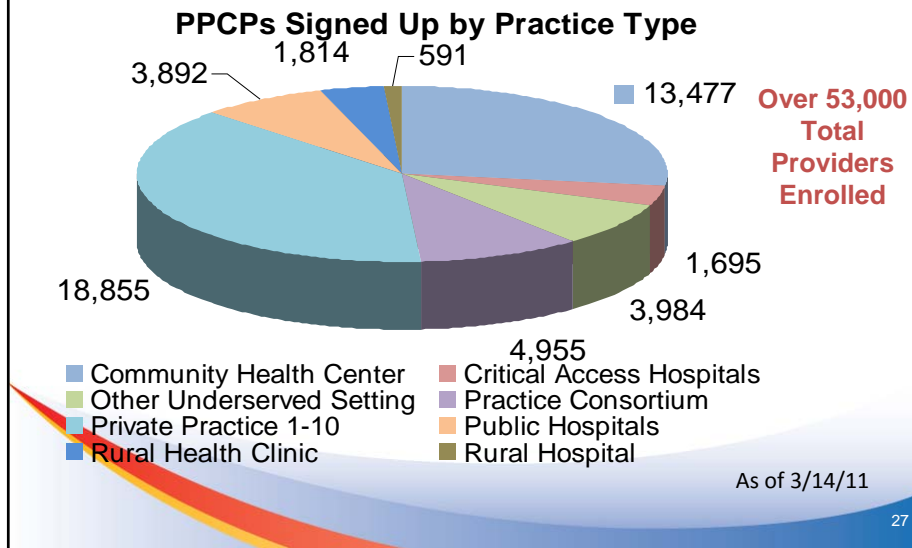
Comprehensive Support throughout the Entire EHR Implementation Process



Primary goal: Give providers as much support as possible

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REC Enroll 50,000 Priority Providers and Counting...



General Lessons Learned So Far:

- Close alignment between ONC funded programs is critical for overall success of programs
- Program need to adjust to address local needs of providers
- Broad level of stakeholders is critical for reaching providers
- Initial timelines for RECs were too aggressive but targets are still critically important for the biennial evaluation

Ohio Health Information Partnership



- Currently enrolled 3,294 providers out of 6,000 target
 - 90% of enrollment was in the last three months
 - Targeting 100% completion by August 2011 with and contemplating expanding recruitment by several thousand additional providers
- One grantee for HIE/REC programs that works closely with HIT coordinator
 - Working closely with the Beacon in the Cincinnati area
- Leveraging local extension centers to engage providers across the state
- Strong support from key stakeholders, such as state hospital association

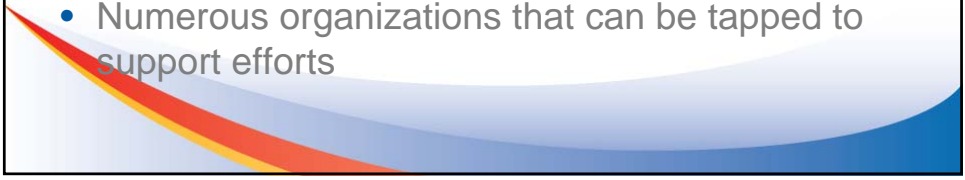
OPAS Goals for Michigan



- Support all providers to achieve Meaningful Use
- Leverage existing infrastructure
 - Strong established provider organizations
 - Widespread adoption of e prescribing and registries
 - Well coordinated government systems
- Support sustainability of all HIT Efforts
 - Ensure Michigan achieves objectives of State HIT strategic plan
 - Position providers to take full advantage of health care reform

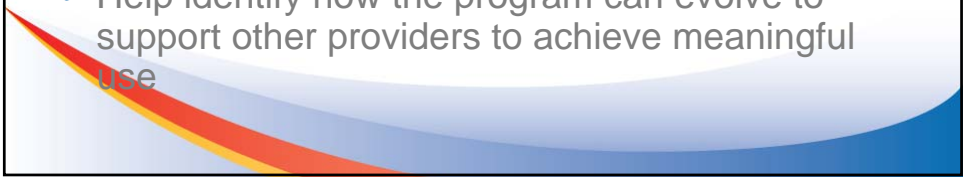
Opportunities/Challenges for Michigan



- Large number of providers to assist
 - Nearly 7,000 PPCP in Michigan
 - Only 1,500 or 3,724 PPCP target are currently enrolled
 - Diverse settings require customized approaches
 - Rural vs., urban, Upper Peninsula vs. rest of the state, etc.
 - Numerous organizations that can be tapped to support efforts
- 

ONC's Perspective on the Proposed New Role of the Michigan HIT Commission



- Monitor success of the REC and assist in identifying strategies/approaches to allow M – CEITA to achieve REC goals
 - Identify ways that program can be leveraged to support other HIT efforts in Michigan
 - Support HIT strategic plan
 - Support HIE/Beacon activities
 - Help identify how the program can evolve to support other providers to achieve meaningful use
- 

For More Information

Visit the ONC Web site:

www.HealthIT.hhs.gov/programs/REC/

The screenshot shows the official website of the Office of the National Coordinator for Health Information Technology (ONC). The header includes the U.S. Department of Health & Human Services logo and the ONC logo. A search bar and links for email updates, social media, and contact are visible. The main content area is titled "Health Information Technology Extension Program" and includes a sidebar with navigation links. The main text describes the HITRAC and the Regional Extension Centers (RECs), explaining their purpose in supporting health care providers with EHR adoption and meaningful use.

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Home > HITRAC Programs > HIT Extension Program

Health Information Technology Extension Program

The HITRAC Act authorizes a Health Information Technology Extension Program. The extension program consists of Health Information Technology Regional Extension Centers (RECs) and a national Health Information Technology Research Center (HITRAC).

What is the HITRAC?

The HITRAC will gather information on effective practices and help the RECs work with one another and with relevant stakeholders to identify and share best practices in EHR adoption, meaningful use, and provider support.

What are the Regional Extension Centers (RECs)?

The RECs will support and serve health care providers to help them quickly become adept and meaningful users of electronic health records (EHRs). RECs are designed to make sure that primary care clinicians get the help they need to use EHRs.

RECs will:

Feature
Direct Project Pilot Programs Launched

ONC announces Direct Project pilot programs for easily and securely transmitting electronic health information via the Internet. Read the blog posting on this milestone.

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Southeast Michigan Beacon Community Collaborative

**Gary Petroni,
Terrisca Des Jardins**

Southeast Michigan Beacon Community Collaborative Update

Michigan
HIT Commission
March 17, 2011

Terrisca Des Jardins
Gary Petroni

SEMBCC

Presentation Outline

- Review of National Beacon Initiative
- Review of Southeast Michigan (SEM) Beacon Initiative
 - Goals
 - Workgroups - Responsibilities
 - Planned Clinical Interventions
- SEM Beacon Project Reset
 - Organizational Structure
 - ONC Technical Advisors on Technology
- SEM Beacon Technology Reset
 - EAB Ad Hoc IT Sub-committee
 - Options
 - Timeline
- Next Steps

National BEACON Project

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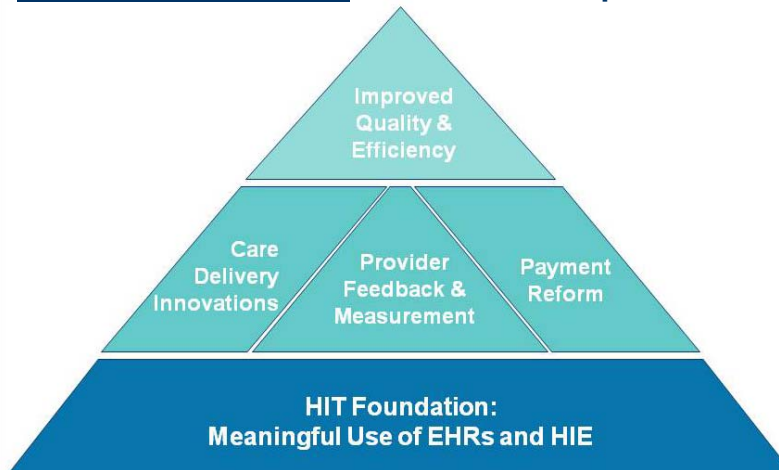
ONC/HHS Beacon Community Program: 17 Awards Across the United States



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The Purpose of the Beacon Community

Measurable Outcome Performance Improvements



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Beacon Community Awardees

Bangor Beacon Community, Brewer, ME	\$12,749,740
Beacon Community of the Inland Northwest, Spokane, WA	\$15,702,479
Central Indiana Beacon Community, Indianapolis, IN	\$16,008,431
Colorado Beacon Community, Grand Junction, CO	\$11,878,279
Crescent City Beacon Community, New Orleans, LA	\$13,525,434
Delta BLUES Beacon Community, Stoneville, MS	\$14,666,156
Greater Cincinnati Beacon Community, Cincinnati, OH	\$13,775,630
Greater Tulsa Health Access network Beacon Community, Tulsa, OK	\$12,043,948
Hawaii County Beacon Community, Hilo, HI	\$16,091,390
Keystone Beacon Community, Danville, PA	\$16,069,110
Rhode Island Beacon Community, Providence, RI	\$15,914,787
San Diego Beacon Community, San Diego, CA	\$15,275,115
Southeast Michigan Beacon Community, Detroit, MI	\$16,224,370
Southeastern Minnesota Beacon Community, Rochester, MN	\$12,284,770
Southern Piedmont Beacon Community, Concord, NC	\$15,907,622
Utah Beacon Community, Salt Lake City, UT	\$15,790,181
Western New York Beacon Community, Buffalo, NY	\$16,092,485

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SEMBCC

Achieving the National Beacon Vision

Accelerated 31 Month Roadmap

Phase 1:
Program Launch

(September 2010
-October 2010)

Phase 2:
Implementation &
Refinement

(October 2010-
Dec 2012)

Phase 3:
Evaluation &
Dissemination
(Jan 2013-
Mar 2013)

Southeast Michigan Beacon

Southeast Michigan Beacon Scope of Project

- Improve continuity, quality and safety of care for underserved patients with chronic diabetes in:
 - Detroit, Hamtramck, Highland Park, Dearborn and Dearborn Heights, Michigan
- Diabetes has a very high prevalence among the target population: 12.8 percent of adults, or 93,000 people
 - Target minimum 4,000 patients by 12/31/11
 29,000 patients by 12/31/12

Southeast Michigan Beacon Scope of Project Cont'd

- Minimum number of provider sites
 - 7 FQHCs across 20 locations
 - 18 physician practices (independent and hospital affiliated)
 - 3-6 emergency departments

Measurements – Quality

Increase by 5%, from baseline the proportion of diabetic patients having:

- . HbA1c tested within 12 months
- . LDL-C tested within 12 months
- . Eye exam within 12 months
- . Rate of PCP visit:
 - . Within 6 months of acute care hospitalization
 - . Within 30 days of acute care hospitalization
 - . Prior to 30 day unplanned readmission
- . Blood pressure <130/80mmHg, <140/80, < 140/90
- . Nephropathy assessment within 12 months

Measurements – Cost

Decrease by 5%, from baseline the proportion of diabetic patients having:

- . Unscheduled acute care 30 day re-hospitalization
- . Risk adjusted ED utilization rate
- . Acute care hospitalization mean length of stay
- . Risk adjusted mean annual costs across treatment episodes

Measurements – Population Health

Increase by 5%, from baseline:

- Influenza vaccination within 12 months
- Assessment of smoking status and advice as indicated
- BMI documentation
- Disparity ratios for quality of care and population health measures (gender, insurer, race)

SEM Beacon Project Workgroups

- **Clinical Transformation**
- **Evaluation and Measurement**
- **Information Technology & Security**
- **Stakeholder Engagement & Participation**
- **Sustainability**

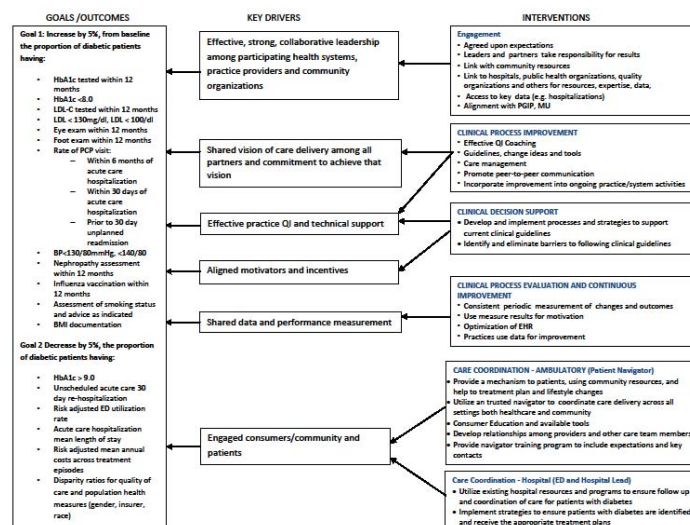
SEM Beacon Clinical Interventions

- Engagement
- Clinical Process Improvement
- Clinical Decision Support
- Clinical Process Evaluation and Continuous Improvement
- Care Coordination – Ambulatory (Patient Navigators)
- Care Coordination – Hospital (ED and Hospital Lead)

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SEMBCC

Clinical Transformation - Key Driver Map



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Southeast Michigan BEACON Project Reset

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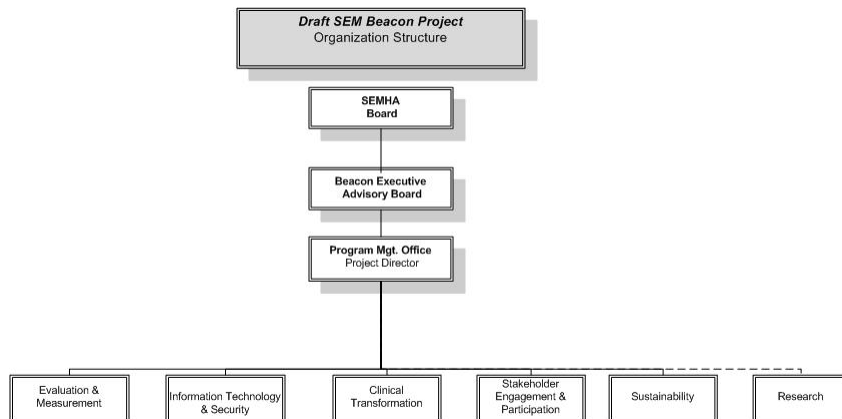
SEM Beacon Project Background

- Accelerated timeline (31 months vs. 36)
- SEMBCC history to date
 - Award announcement 9/2/2010
 - Baseline data submitted on time 12/23/2010
 - ONC sent advisory letter to SEMHA 12/23/2010
 - Rationale for reset - accountability
 - ONC expectations
 - SEMBCC component resets
 - Governance
 - Staffing, Workgroup Leadership
 - 1st Meeting - Executive Advisory Board 02/25/11
 - Technology approach 02/25/11

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SEMBCC

“Reset” Project Structure



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SEMBCC

Critical staffing

- Gary Petroni to remain on Beacon in an advisory capacity after transition
- Terrisca Des Jardins: Program Director
- Contractual relationships with workgroup chairs
 - Jackie Rosenblatt – Clinical Transformation
 - Denise Holmes – Evaluation and Measurements
- Contractual IT lead is being transitioned, given reset on technical work
 - Need to identify new requirements
 - Priority – hire IT Director
- Program Manager – in process
- Communications Manager – starts 3/24
- Program Specialists
 - 1 on-board completing office set-up, 1 starting 3/21, 1 starting 4/1
- Patient Care Navigators – at least 4, maybe more – in process
- Administrative Assistant – in process

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SEMBCC

Executive Advisory Board Members

- . Vernice Davis Anthony, Greater Detroit Area Health Council
- . Yvonne Anthony, Dept. of Health & Wellness Promotion
- . Thomas Cieszynski, Southeastern Michigan Health Association
- . Cynthia Green-Edwards, Michigan Department of Community Health
- . Ricardo Guzman, Community Health and Social Services Center
- . Rick Hillbom, Oakwood Hospital and Medical Center
- . Adam Jablonowski, Wayne County Medical Society of SE MI
- . Marsha Manning, General Motors
- . Toshiki Masaki, The Ford Motor Company
- . Bob Milewski, Blue Cross Blue Shield of Michigan

Executive Advisory Board Members Cont'd

- . Barbara Rossman, Henry Ford Macomb Hospital
- . John Slaughter, Juvenile Diabetes Research Foundation
- . Lucille Smith, Voices of Detroit Initiative
- . **Herb Smitherman, MD, Wayne State University School of Medicine**
- . David Spivey, St. Mary Mercy Hospital
- . Cynthia Taueg, St. John Providence Health
- . **Edward Wolking, Detroit Regional Chamber**
- . Robert Yellan, Michigan Peer Review Organization
- . Beth Nagel, Michigan HIE Coordinator (*ex officio*)
- . Derek Robinson, MD, The Centers for Medicare and Medicaid (*ex officio*)

Southeast Michigan BEACON Technology Reset

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SEMBCC

EAB - IT Ad Hoc Sub-committee

- EAB decided to pursue an off-the-shelf approach for Beacon technical infrastructure
- Established IT Ad Hoc Sub-committee
- Chartered to recommend alternative technical options for meeting Beacon objectives

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SEMBCC

EAB Ad Hoc IT Subcommittee

- Andrew Dignan - VODI
- Adam Jablonowski – MI State Med. Society
- Jack Malloy - HFHS
- Marsha Manning - General Motors
- Jackie Rosenblatt– MPRO
- Lucille Smith - VODI
- Herb Smitherman, M.D. – Wayne State
- Cynthia Taueg – St. John
- Terrisca Des Jardins – SEM Beacon
- Gary Petroni – SEM Beacon
- Laura Kolkman – Consultant
- Barbara Bateman – Consultant

* Chair/Co-Chair to be identified

SEMBCC

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Process – March 2

- Purpose of ad hoc sub-committee
- Capabilities required
- Criteria for recommended alternative approach
- Alternative Categories

SEMBCC

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Options for technology acquisition

- Contract directly with a vendor to acquire and implement the required capabilities
- Work with a sub-state HIE to leverage existing technology and relationships

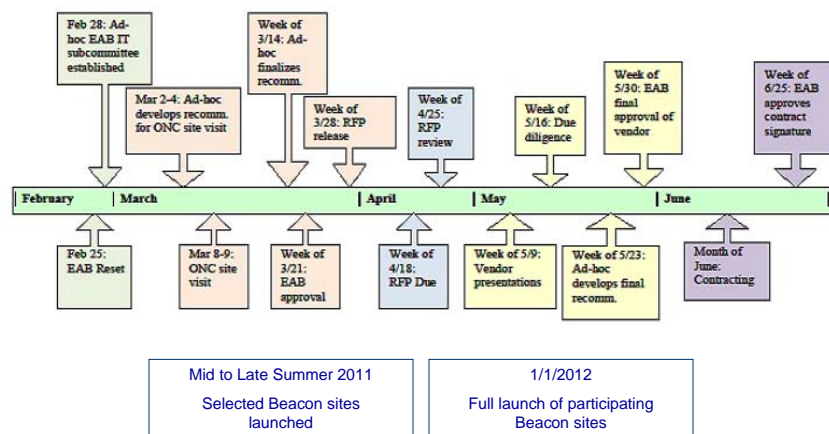
Discussions – March 3 and March 4

- Presentation of sub-state HIEs - Beth Nagel, State of Michigan HIE Coordinator
 - Capital Area RHIO
 - Jackson Community Medical Record
 - Michigan Health Connect
 - my1HIE
 - Upper Peninsula Health Care Network
- Other discussion topics
 - Contracting directly vs. partnering with an existing sub-state HIE
 - Discussed Indiana and Cincinnati HIEs
- Create a draft timeline and process to contract for services
- Contacted Michigan sub-state HIEs to determine interest and feasibility

Recommendation Vetted at ONC Site Visit

- Contract directly with a technical Vendor
- Current thinking on approach
 - Point of care tools
 - Population level management tools
 - HIE functionality

Ad Hoc IT Subcommittee Draft Timeline



Ad Hoc IT Sub-committee - next steps

- . Meeting tonight to further refine thinking
- . Further build-out of committee for RFP process
- . Recommendation for EAB consideration/approval – Mar 31
 - Includes RFP

Overall Next Steps

- . Build out programmatically while moving initiative forward
 - Committees, staffing, budget
- . Further refinement of overall scope and align scope of work across domains

How can you help?

- Member (ex officio) of the EAB
 - Beth Nagel - Michigan HIT Coordinator
- Provide a representative on the IT Ad Hoc Subcommittee
- Upcoming May 4th Beacon Birthday
- Regular opportunity for update
- Other ideas?

Southeast Michigan BEACON Contacts

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Gary Petroni
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SEMHA
Interim Beacon Director
gpetroni@semha.org
ph: 313.873.9302




Commissioner Updates

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Public Comment

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Adjourn

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